

MONTANA BOARD OF BARBERS AND COSMETOLOGISTS  
P. O. Box 200513  
301 S PARK, 4<sup>TH</sup> FLOOR (Delivery)  
Helena, Montana 59620-0513  
(406) 841-2378 FAX (406) 841-2309  
E-MAIL: [dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov) WEBSITE: [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
Please allow 10 days for processing from the date the Board receives a completed routine application

BARBERS, COSMETOLOGISTS, ELECTROLOGISTS, ESTHETICIANS, MANICURISTS AND INSTRUCTORS ARE NOT PERMITTED TO PRACTICE COSMETOLOGY, ELECTROLOGY, ESTHETICS, MANICURING OR INSTRUCTING IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.  
ALL SERVICES MUST BE PERFORMED IN A LICENSED BARBERSHOP OR SALON.

#### **ALL APPLICANTS**

- ◆ Must be at least 18 years or older
- ◆ Must be a high school graduate or equivalent

#### **ENDORSEMENT APPLICANTS**

- ◆ Must hold an active license in another state
- ◆ Must pass the Board approved exam at 75% proficiency or higher (National Written Exam)

#### **OUT OF COUNTRY APPLICANTS**

- ? Must provide all supporting documents translated to English
- ? Must be Board approved (if education acquired out of country, ie. High School or Beauty School)

#### **EXAM APPLICANTS**

**BARBER** - Must have completed 1500 hours of training in an approved school or course of barbering

**COSMETOLOGIST**- Must have completed 2000 hours of training in an approved school or course of cosmetology

**ELECTROLOGIST** - Must have completed 600 hours of training in an approved school or course of electrology

**ESTHETICIAN** - Must have completed 650 hours of training in an approved school or course of esthetics

**MANICURIST** - Must have completed 350 hours of training in an approved school or course of manicuring

#### **INSTRUCTOR**

- ◆ Must hold a current Montana, Cosmetologist, Electrologist, Esthetician or Manicurist license that is in good standing
- ◆ Must have completed 650 hours of teacher training from a school with an approved teacher training course
- ◆ Barbers must have completed 500 hours of teacher training from a school with an approved teacher training course

**OR**

- ◆ Must have been actively and continuously engaged in the practice of barbering, cosmetology, electrology, esthetics or manicuring full-time for at least 3 years prior to taking the exam

## **FEES**

- ◆ \$ 45.00 Barber License Application Fee
- ◆ \$ 45.00 Cosmetology License Application Fee
- ◆ \$ 45.00 Electrologist License Application Fee
- ◆ \$ 45.00 Esthetician License Application Fee
- ◆ \$ 45.00 Manicurist License Application Fee
- ◆ \$ 60.00 Instructor Application Fee

**\*\*Make check or money order payable to the Montana Board of Barbers and Cosmetologists\*\***

**DOCUMENTS: The following documents must be submitted with your application:**

**\*\*All Documents Must Be Submitted To The Board Office\*\***

**\*\*Documents Not In English Must Be Accompanied By Certified Translations**

### **BARBER, COSMETOLOGIST, ELECTROLOGIST, ESTHETICIAN, MANICURIST**

- ◆ Proof of age, such as, birth certificate or driver's license
- ◆ Copy of high school diploma, transcripts or equivalent
- ◆ **Exam applicants** - diploma from a barbering/cosmetology school which shows number of hours completed
- ◆ **Endorsement applicants** - an original verification of licensure from each state a license is held or has been held (you will need to contact the appropriate State(s) Board office(s) to request this)

### **BARBER, COSMETOLOGY, ELECTROLOGY, ESTHETICS OR MANICURING INSTRUCTOR:**

- ◆ Proof of age, such as, birth certificate or driver's license
- ◆ Copy of high school diploma, transcripts or equivalent
- ◆ Diploma from a teacher training program which shows number of hours completed **or**
- ◆ Employer/contractor affidavits and proof of income, i.e., W-2 or 1099 (3 yrs prior to testing)

**\*\***

## **APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed by Board staff for permanent licensure.
- ◆ An incomplete or non-routine application may be a delayed. You may be requested to provide additional information or to make a personal appearance before the Board during a regularly scheduled Board meeting. These applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Some states may charge a fee for verification. Contact each state board for its requirements.
- ◆ Keep the Board office informed at all times of any address change, change in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

## **PROCESSING PROCEDURES**

- ◆ Once a complete routine application is received, processing may require up to 10 days to process.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Exam applicants will be issued an Admissions letter to take the required National Exam.
- ◆ Once a routine application is processed and approved, a permanent license will be issued.

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**Application for Licensure for (check one):** (All fees are non-refundable and are not pro-rated)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Barber by Examination</b><br><input type="checkbox"/> <b>Cosmetologist by Examination</b><br><input type="checkbox"/> <b>Electrologist by Examination</b><br><input type="checkbox"/> <b>Esthetician by Examination</b><br><input type="checkbox"/> <b>Manicurist by Examination</b><br><br><input type="checkbox"/> <b>Instructor by Examination</b> Barber, Cosmetology, Electrology, Esthetics, Manicuring (circle one)<br><input type="checkbox"/> <b>Instructor by Experience</b> Barber, Cosmetology, Electrology, Esthetics, Manicuring (circle one) | <input type="checkbox"/> <b>Barber by Endorsement</b><br><input type="checkbox"/> <b>Cosmetologist by Endorsement</b><br><input type="checkbox"/> <b>Electrologist by Endorsement</b><br><input type="checkbox"/> <b>Esthetician by Endorsement</b><br><input type="checkbox"/> <b>Manicurist by Endorsement</b> |
|---|--|

**Please allow 10 days for processing a completed routine application.**

1. FULL NAME: \_\_\_\_\_  
Last First Middle
2. OTHER NAME(S) KNOWN BY: \_\_\_\_\_
3. HOME ADDRESS: \_\_\_\_\_  
Street or PO Box # City and State Zip
4. TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home ☐ Work or ☐ Cell E-mail Address \_\_\_\_\_
5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ FOREIGN ID NUMBER: \_\_\_\_\_
6. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
City/State ☐ MALE ☐ FEMALE
7. LICENSE NAME \_\_\_\_\_  
(State your name as it should appear on the license if granted.)
8. GENERAL EDUCATION: ☐ High School Diploma ☐ High School Equivalent (GED)

Name of High School	City and State	Date of Graduation/Equivalent	Degree Earned
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. PROFESSIONAL EDUCATION:**

Name of Cosmetology School/College	City and State	Dates Attended	Hours Completed	Diploma Received
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

10. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. If a cosmetologist/esthetician is offering microdermabrasion, has the licensee received an endorsement from the Board? ☐ Yes ☐ No
12. Has the microdermabrasion machine that is being used for the services been approved by the Board? ☐ Yes ☐ No
13. Which written examination did you take for initial licensure?  
☐ NIC National Examination ☐ State Examination (indicate which state) \_\_\_\_\_
14. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No
15. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No
16. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No
17. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. ☐ Yes ☐ No
18. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No
19. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

20. Have any civil legal proceedings been filed against you by a client, former client or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. ☐ Yes ☐ No
21. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18<sup>th</sup> birthday unless you were tried as an adult. ☐ Yes ☐ No
22. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. ☐ Yes ☐ No
23. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. ☐ Yes ☐ No

### **AFFIDAVIT**

**I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Barbers and Cosmetologists**

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

**For information regarding the processing of this application or other licensing concerns please contact the Board of Barbers and Cosmetologists staff at (406) 841-2378 or email us at: [dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov)**

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF COSMETOLOGY, ELECTROLOGY, ESTHETICS OR MANICURING AND INSTRUCTORS ON OUR WEBSITE: [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)